
Homeless Management Information System (HMIS)

Indiana Housing &
Community
Development Authority

3.2.2012

Homeless Management Information System (HMIS)

New User Training

A Homeless Management Information System is an electronic data collection system that stores longitudinal client-level information about persons who access homeless prevention and/or homeless services. HMIS is a valuable resource from the participating homeless assistance and homeless prevention programs in a Continuum of Care (CoC). Aggregate HMIS data can be used to understand the size, characteristics and needs of the homeless population at the local, state and national levels. The HMIS enables information about client needs, goals and service outcomes. IHCDCA will begin using a software platform from DSI, Inc called ClientTrack and can be accessed using the following URL:

<https://ihcdaonline.com/indianaauw>

Your computer will need to support either Internet Explorer 7 or 8 or Mozilla Firefox 2010 to support the ClientTrack application.

Objectives:

- Review ICHDA Implementation of Clienttrack and important changes in data collection
- Review HMIS Security Policies and Procedures
 - New Policy – Implied Consent
- Learn to log in and complete the following actions:
 - Client Look-up
 - Client Entry
 - HMIS Program Data Intake Workflow (non-HPRP Programs)
 - Enter Services
 - Complete an Annual Assessment
 - HMIS Program Data Exit Workflow (non-HPRP Programs)
 - Case Notes
 - Submission of Issues to IHCDCA
 - Sign Out
- Review HMIS Contacts for IHCDCA

HMIS Staff

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HMIS ISSUES RELATED TO CLIENTTRACK SHOULD BE SUBMITTED TO:

HMISHelpDesk@ihcda.in.gov

HMIS Security Policies and Procedures

Personal protected information (PPI) is considered any information that could lead to individual identification. Participating agencies should have procedures in place for the secure storage and disposal of hardcopy and electronic data generated from the HMIS or created for entry into the HMIS.

PPI should be stored in locked drawers/file cabinets and hardcopy data should be shredded before disposal. Electronic PPI data including information contained on disks, CD's, jump drives, computer hard drives or other media should be reformatted before disposal.

Privacy and Client Information Restrictions

The Notice of Privacy Practices including the purpose for data collection should be posted in a public area and in an office where an intake professional meets with clients. The full Privacy Policy Notice is available on the IHCD website and should be made available to clients upon request.

A signed client consent form is no longer required. A client who presents to your agency for services and provides information is giving implied consent to enter and share certain data in the HMIS. However, there is some information that will not be shared with other agencies. Information that will not be shared includes HMIS Barriers, domestic violence status and case notes.

Additional information regarding client consent and restrictions will be covered in more detail during training. *No homeless person is to be refused services regardless of their participation in HMIS.*

HMIS Computers

All computers that are used to access the HMIS should be situated in secure locations. HMIS computers in publicly accessible areas should be staffed at all times and should not be viewable by other individuals. All computers should be password protected and the password you use to log onto your computer should NOT be the same password as your HMIS password, but rather a password to prevent access to the computer itself.

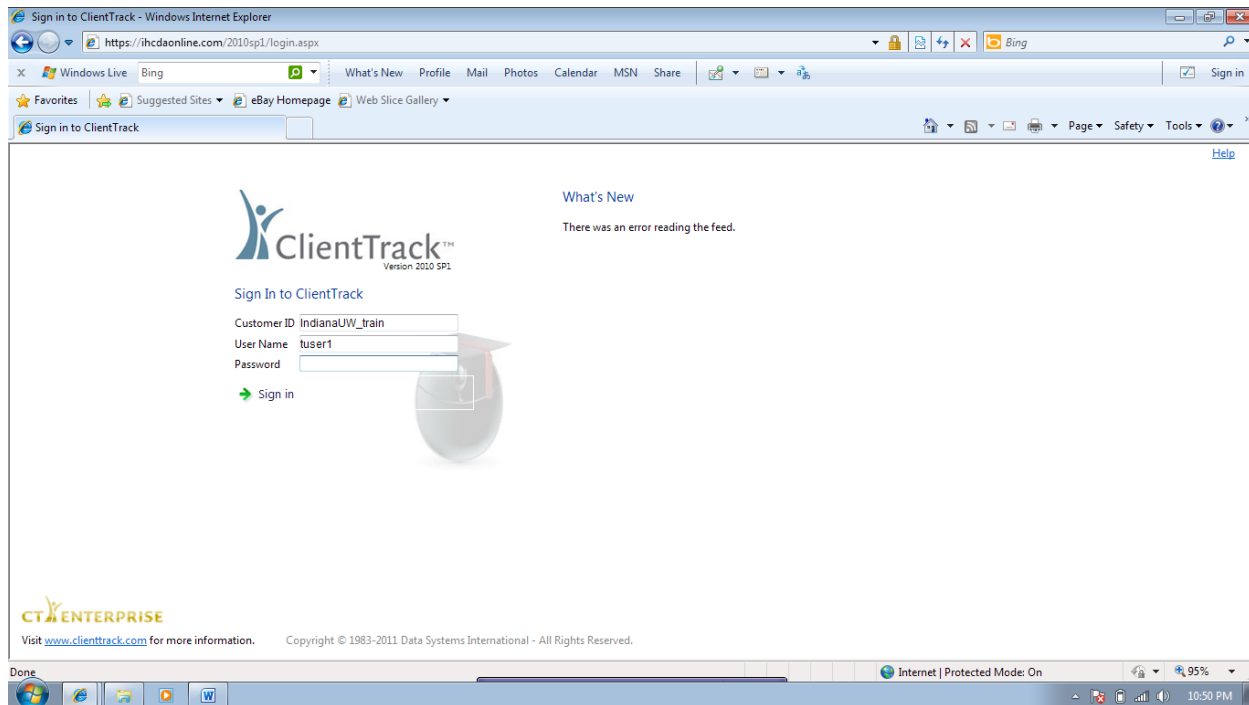
Passwords

HMIS usernames and passwords should NOT be shared with other users. Users should not keep username/password information in a public location (i.e. sticky notes on monitors or filed under ClientTrack or Password in a Rolodex). HMIS security policies require the use of strict passwords.

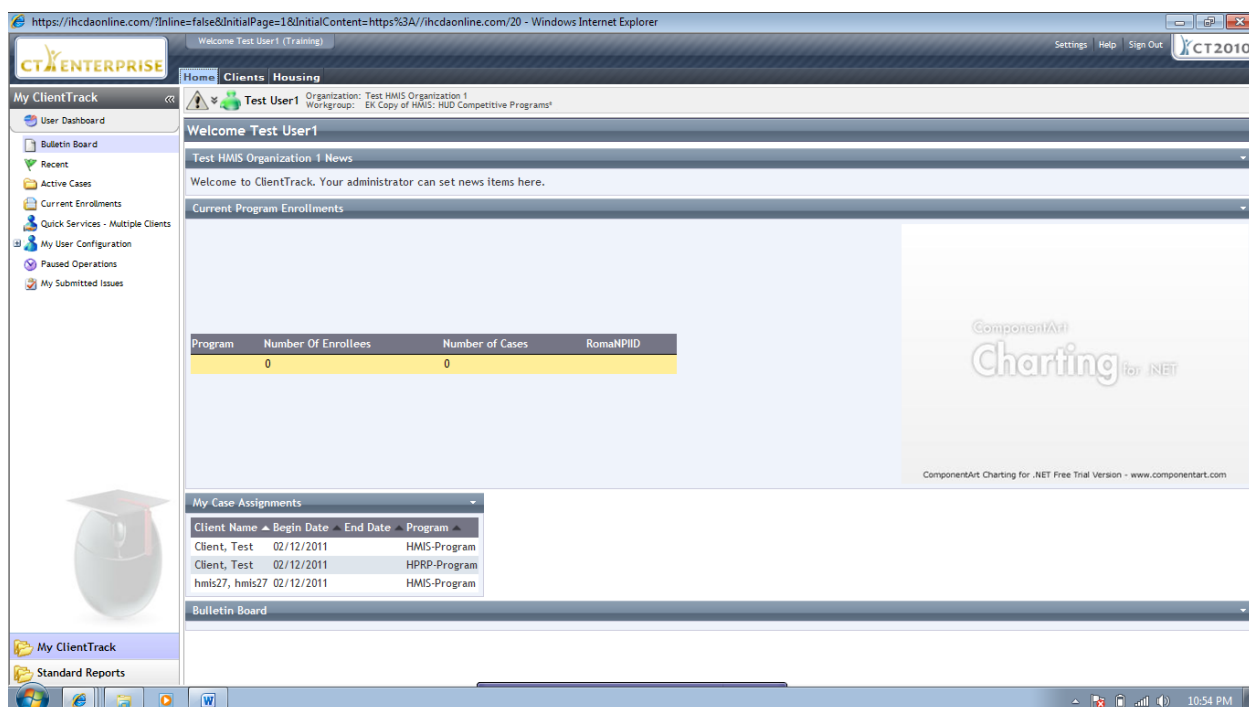
- Must have at least one number
- Must be between 8 and 12 characters
- Must have at least one non-letter, non-numeric character
- Must contain at least one capital letter
- New passwords will be required upon first login and if an account is deactivated due to inactivity

User Login

Open your web browser and go to <https://ihcdaonline.com> Enter your assigned User Name and Password and click Sign In. You will be required to reset your password upon your first login. **Remember, sharing your user name and password are not permitted. Passwords are case sensitive and pop-up blockers must be turned off to access the application. You should change your settings to allow for pop-ups from this site.** If prompted to select a workgroup and/or organization, highlight the desired option and click Sign In.



You will be directed to your User Dashboard. You will be notified of any “News” items that IHEDA wants to communicate to you. Please remember to pay attention to these News items. Other features to become familiar with on this screen include Tabs (Home, Clients) and Menu Items (along the left side of the screen).



Client Lookup

It is imperative you are not entering a duplicate client record into the system in order to ensure the accuracy and overall quality of the HMIS data. Even though ClientTrack will warn you of potential duplicates, it is important to search for clients prior to the start of adding a new client. To search for an existing client in the database, click the Find Client menu item on the Client Tab.

You may search for a client by entering client first/last name, social security number or birth date. It is important to try different options for your search. It is best to only enter the first few letters of the first/last name and not rely solely on a social security number or birth date, as those elements have a higher rate of missing or inaccurate data. Another search hint is to search different spellings and remember to search for nicknames such as “Bob” in addition to “Robert” or “Bill” in addition to “William”.

https://ihcdaonline.com/?InLine=false&InitialPage=1&InitialContent=https%3A%2F%2Fihcdaonline.com%2F - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Case Management Home Clients Housing Birth Date: 1/1/1978 Gender: Transgendered Female to Male Client ID: 43

Find Client

Use the section criteria below to find your client. To narrow the search, fill in more than one criteria. Social Security Number and Birth Date are the best fields to narrow your search.

First Name:
Last Name:
Middle Name:
Full Name (Last, First):
Social Security Number:
Birth Date:

Search Cancel

If the client is already in the system, highlight the client name in the search results and click to select. The selected client's information will be displayed at the top of the screen. All information entered from this point forward while on the Client Tab will be associated with the currently selected client. You should click on the Edit Client Information menu item and make any necessary changes to the client demographic information.

https://ihcdaonline.com/?InLine=false&InitialPage=1&InitialContent=https%3A%2F%2Fihcdaonline.com%2F - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Case Management Home Clients Housing Birth Date: 1/1/1978 Gender: Transgendered Female to Male Client ID: 43

Find Client

Use the section criteria below to find your client. To narrow the search, fill in more than one criteria. Social Security Number and Birth Date are the best fields to narrow your search.

First Name: test
Last Name: client
Middle Name:
Full Name (Last, First):
Social Security Number:
Birth Date:

1 record found.

First Name	Last Name	Middle Name	SSN	Birth Date
Test	Client		XXX-XX-6789	12/06/1969

Search Cancel

Add a New Client to a HUD Program (non-HPRP)

In order to ensure all required assessments are completed, ClientTrack utilizes a specific workflow that steps you through this process. Using these built-in workflows, you will step through these processes automatically. Click the Workflow option that is appropriate. **Be sure you begin the workflow while you are on the client record for the Head of Household.** You will be asked to verify the intake information for the client. Make any changes if necessary and click Save. If there are no changes, click No Changes.

The steps for the workflow will be displayed in the upper left hand corner of the screen. The first step is the completion of the Master Assessment. On the Master Assessment screen, be sure to change the Assessment Date if different from today's date.

To add a **NEW** client to the database, select the HUD Program Intake menu item to the left. Choose the appropriate button (Add a New Client).

If a duplicate client already exists (and was not identified during the client lookup), a warning in red letters will be displayed. It is very important to review the displayed list. If the client is already in the system, click the client's name to select. If the client you are entering is in fact a new client (do NOT select a client in the displayed list), click next to proceed with the intake process.

IHCDA is always working to eliminate duplicate clients in the HMIS. Please contact the IHCDA HMIS help desk at HMISHelpDesk@ihcda.in.gov with clients that have multiple records in the system.

The screenshot shows the 'Client Information' form in the IHCDA Enterprise system. The form is divided into three main sections: Basic Client Information, Basic Client Demographics, and Family Information. The 'Basic Client Information' section includes fields for First Name (Joe), Last Name (Schmoe), Middle Name, Suffix, and Social Security Number (234 - 56 - 7890). The 'Basic Client Demographics' section includes fields for Birth Date (12/06/1969), Client Age (41), Date of Birth Quality (Full DOB Reported), Ethnicity (Non-HispanicLatino), Race (White), and Gender (Male). The 'Family Information' section includes fields for Family and Relationship to Head of Household (Self). The form includes navigation buttons at the bottom: Previous, Finish, and Pause.

You will be prompted to enter demographic information for the client. Items with a red asterisk (*) are required fields and records cannot be saved without entering this data. Birthdate and Phone Number fields are auto-formatting so that dashes are not required when entering information in these fields. Birthdates can be entered in mmddyyyy format. Once entered, they will be automatically formatted to the appropriate display. Information regarding the data elements is listed below:

First Name – Legal first name (do not add nicknames in “quotes” – those are not searchable elements)

Last Name – Legal Last Name

Social Security Number – If the client does not know or refuses to provide their SSN, **DO NOT** under any circumstance, enter a fake social security number such as 123-45-6789 or 999-99-9999. Select the data quality option that best fits the situation. Please keep in mind a high rate of “Don’t Know or Refused” may raise data quality concerns.

Birth Date – Month, day and year the client was born. Again, do not use a fake number. Choose the appropriate data quality option that best fits the situation.

Ethnicity – Determines if a client is of Hispanic/Latino origin and includes individuals of Cuban, Mexican, Puerto Rican, South or Central American origin. Generally, if a client identifies as Hispanic, they will usually choose White as their race.

Race – This is a self-identified data element and a person can identify with multiple races. This is a multi-select box that allows for multiple races to be checked.

Gender – Select gender with which client identifies.

Family – Do NOT enter anything in the Family field. ClientTrack will create a family/household account.

Relationship to Head of Household – When entering the first client in the household, the system will default to “Self”. It is imperative this information is entered correctly for ALL household members. Otherwise, your reports will not accurately reflect the clients and family make-up.

Add Family Members

Next, you will be prompted to add any additional family members. Please be sure to complete all information requested. For the race category, be sure to select a race and then click on the **green circle** with the check mark. Be careful that you do not use the select all icon.

Gender	Birth Date	Age	Birth Date Quality	SSN	SSN Quality	Relationship to Head of Household	Race
Male	12/06/1969	41	Full DOB Reported	234 - 56 - 7890		Self	White
Female	08/24/1997	13	Full DOB Reported	876 - 54 - 3210		Daughter	White

Click the Save and Close button when all household members have been added. You will then be prompted to create the enrollment.

Case Management

HUD Program Intake

Basic Client Information

Family Members

Program Enrollment

Assessment

Client Dashboard

Edit Client

Family Members

Assessments

Enrollments

Services

Referrals

Case Notes

Standard Intake

Demographics Report

Case Management

HUD Program Enrollment

Use this form to enroll clients in HUD grants / programs. Enter the Enrollment Date. Select a Case Manager assignment for the enrollment.

Name: Schmoie, Joe

Enrollment Date: 02/12/2011

HUD Grant: SELECT

Program: SELECT

Family

Family: Schmoie, Joe - 1969

Relationship to Head of Household: Self

Case Manager

Case Manager: Test User1

Restrictions: Restrict to Organization, Unrestricted

Remember to change the Enrollment Date if you are back dating the information. Choose the HUD Grant and Program and click Next. If you do not find your specific grant and/or program, please notify IHCD at HMISHelpDesk@ihcda.in.gov

You will now begin a series of required assessments that will finalize the household enrollment. Make sure to properly check Yes or No for the Veteran Status and Disabling Condition.

Case Management

HUD Program Intake

Basic Client Information

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Client Dashboard

Edit Client

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Standard Intake

Demographics Report

Case Management

Universal Data Assessment

Default Client's Last Assessment

Assessment Date: 02/12/2011

Assessment Type: Entry

Program: HMIS-Program

Assessor: Test User1

Veteran Status: Yes

Disabling Condition: Yes

Veteran Information

Military Branch: Marines

Service Era: Persian Gulf Era (August 1991 - September 10, 2001)

Duration of Active Duty (Months): 24

Discharge Status: Honorable

Served War Zone: Yes

Prior Residence - Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Residence Prior to Program Entry: Place not meant for habitation

Length Of Stay: More than one week, but less than one month

Prior Zip Code - Enter the prior zip code of the apartment, room, or house where the client last lived for 90 days or more.

Prior Zip Code: 46140

City:

State:

Prior Zip Code Quality: Full Zip Code Recorded, Don't Know

Certain logic is built into the system that will provide for additional drop down menu options based on the way in which certain client data is entered. Because this client is a veteran, additional questions are required to be answered.

Residence Prior to Program Entry – Identify where the client was staying on the night before the client is enrolled in your program.

Length of Stay – Identify the length of stay for the residence prior to program entry.

Prior Zip Code – Remember this is the *zip code of the client's last permanent residence of 90 days or more*. The system allows you to look up the zip code if the client knows the city, but not the specific zip code. Click on the look up icon and type in the city and state and a list of potential matches will be displayed. Choose one of the zip codes from list provided.

Housing Status – Choose the appropriate category for the housing status of the household.

Chronic Homeless Assessment - In order for a client to be chronically homeless, they must be unaccompanied; and continually homeless for a year or more or 4 episodes of homelessness in a 3 year period; and have a substance abuse disorder, serious mental illness, developmental disability or a chronic physical illness or disability. When the qualifying conditions are checked appropriately, the system will indicate the client's status of chronically homeless.

Once the Universal Data Assessment is complete, click Save.

The screenshot shows the 'Universal Data Assessment' form for a client named Joe Schmoe. The form is part of the CT ENTERPRISE system, accessed via a web browser. The left sidebar contains navigation links for Case Management, HUD Program Intake, Client Dashboard, and various assessment and report tools. The main form area includes the following sections:

- Discharge Status:** A dropdown menu set to 'Honorable'.
- Served War Zone:** Radio buttons for 'Yes', 'No', 'Don't Know', and 'Refused'.
- Prior Residence:** A section with two required fields (marked with a red asterisk):
 - Residence Prior to Program Entry:** A dropdown menu set to 'Place not meant for habitation'.
 - Length Of Stay:** A dropdown menu set to 'More than one week, but less than one month'.
- Prior Zip Code:** A section with three fields: 'Prior Zip Code' (46140), 'City' (Greenfield), and 'State' (IN). A magnifying glass icon is next to the zip code field.
- Housing Status:** A dropdown menu set to 'Literally Homeless'.
- Chronic Homelessness:** A section with several checkboxes:
 - Unaccompanied Individual: ☐
 - Continuously Homeless for a Year or More: ☐
 - 4 episodes of homelessness in the past 3 years: ☒
 - Substance Use Disorder: ☐
 - Serious Mental Illness: ☐
 - Developmental Disability: ☒
 - Chronic Physical Illness or Disability: ☐
 - Chronically Homeless: No
- Restriction:** Radio buttons for 'Restrict to Organization' and 'Unrestricted'.

At the bottom right of the form, there are 'Save' and 'Pause' buttons. The browser's address bar shows the URL: <https://hcdonline.com/?inline=false&initialPage=1&initialContent=https%3A%2F%2Fhcdonline.com%2F20>. The system clock at the bottom right indicates 12:39 AM.

You will now be required to complete the HMIS Barriers assessment. Again, the built in logic may create additional fields that are required. All fields with a red * are required. If the client has no barriers, click on the red No Barriers button in the upper right hand corner. It is important to keep in mind that clients must have at least one barrier to be eligible for some programs (such as shelter plus care). Click Save & Close when complete.

https://ihcdaonline.com/?inline=false&initialPage=1&initialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User 1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Basic Client Information Family Members Program Enrollment Assessment Barriers / Special Needs Domestic Violence Income Non-Cash Benefits Employment

Client Dashboard Edit Client Family Members Assessments Enrollments Services Referrals Case Notes Standard Intake Demographics Report

Joe Schmo Birth Date: 12/6/1969 Gender: Male Client ID: 48

Barriers

The selected clients barriers are displayed below. If the barrier has previously been identified, you can edit the barrier's information instead of adding another barrier of the same type.

Assessment Active

Screen: HMIS Barriers

Barrier	Help	Barrier Present?	Date Identified	Receiving Services / Treatment	Condition is Indefinite	Explanation	Restriction
<input type="checkbox"/> Chronic Health Condition		-- SELECT --					Restrict to Organization
<input type="checkbox"/> Alcohol Abuse		-- SELECT --					Restrict to Organization
<input type="checkbox"/> Developmental Disability		-- SELECT --					Restrict to Organization
<input type="checkbox"/> Drug Abuse		-- SELECT --					Restrict to Organization
<input checked="" type="checkbox"/> HIV/AIDS		Yes	02/13/2011	No			Restrict to Organization
<input checked="" type="checkbox"/> Mental Health		Yes	02/13/2011	No	Yes	Depression	Restrict to Organization
<input type="checkbox"/> Physical Disability		-- SELECT --					Restrict to Organization

2

Search Save Save & Close

12:43 AM

The Domestic Violence Assessment:

https://ihcdaonline.com/?inline=false&initialPage=1&initialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User 1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Basic Client Information Family Members Program Enrollment Assessment Barriers / Special Needs Domestic Violence Income Non-Cash Benefits Employment

Client Dashboard Edit Client Family Members Assessments Enrollments Services Referrals Case Notes Standard Intake Demographics Report

Joe Schmo Birth Date: 12/6/1969 Gender: Male Client ID: 48

Domestic Violence Assessment

If the client has been a victim of domestic violence, select Yes for Domestic Violence Experience, and select when the experience occurred.

Assessment Active

Assessment Date: 02/12/2011

Domestic Violence Experience:

Restriction:

Yes
No
Don't Know
Refused
Restrict to Organization
Unrestricted

Save Pause

12:46 AM

Income/Financial Assessment Case Income – An Income Assessment will be completed for EACH household member. Income received by a household member such as child support, TANF, WIC and food stamps should be designated on the assessment of the household member that directly receives payment. If an adult receives an SSI or SSDI benefit on behalf of a child, that income should be designated on the income assessment of the child. It is very important that income (cash or non-cash) is properly designated on the proper client assessment.

https://ihcdaonline.com/7?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Joe Schmo Birth Date: 12/6/1969 Gender: Male Client ID: 48

Financial Assessment

Assessment Date: 02/12/2011

Income Received: Yes

Non-cash Benefits: Yes

Total Expenses:

Income Group: Cash Income

15 records found.

Type	Description	Amount	Restriction
<input checked="" type="checkbox"/>	Earned Income	\$200.00	Unrestricted
<input type="checkbox"/>	Unemployment Insurance		Unrestricted
<input type="checkbox"/>	Supplemental Security Income		Unrestricted
<input type="checkbox"/>	Social Security Disability Income		Unrestricted
<input type="checkbox"/>	Veteran's Disability Payment		Unrestricted
<input type="checkbox"/>	Private Disability Insurance		Unrestricted
<input type="checkbox"/>	Worker's Compensation		Unrestricted
<input checked="" type="checkbox"/>	TANF	\$139.00	Unrestricted
<input type="checkbox"/>	General Assistance		Unrestricted
<input type="checkbox"/>	Retirement (Social Security)		Unrestricted
<input type="checkbox"/>	Veteran's Pension		Unrestricted
<input type="checkbox"/>	Other Pension		Unrestricted
Count/Total:		2	\$339.00

Search Save Save and Close

Case Management

Earned Income – Employment income

Unemployment Insurance – Unemployment benefits from the State

Supplemental Security Income –

Veteran's Disability Payment – Disability payment provided by the Department of Veteran's Affairs

Private Disability Insurance – Non-government funded disability payments

Worker's Compensation – Income for individual that has been injured on the job

TANF –Temporary Assistance for Needy Families

General Assistance – Cash from family or friends, trustee or church/non-profit

Retirement (Social Security) – Income payment provided by government for individuals that qualify

Veteran's Pension – Cash payment made by the Department of Veteran's Affairs

Other Pension – Cash payment made from a private employer

Child Support – Income received from one parent to another to care for children

Alimony –

Other Income –

Income/Financial Assessment Non-Cash Benefits - specific to individual – not the household. An assessment for non-cash benefits will be completed for each household member.

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake Assessment

Barriers / Special Needs Domestic Violence Income Non-Cash Benefits Employment Education Health Self-Sufficiency Matrix

Client Dashboard Edit Client Family Members Assessments Enrollments Services Referrals Case Notes Standard Intake Demographics Report

Joe Schmo Birth Date: 12/6/1969 Gender: Male Client ID: 48

Financial Assessment

Total Expenses: \$0.00
Income Group: Non-cash Benefit

13 records found.

Type	Description	Amount	Restriction
<input type="checkbox"/>	Advanced Earned Income Tax Credit		Unrestricted
<input checked="" type="checkbox"/>	Food Stamps/Money for food on benefits card	\$376.00	Unrestricted
<input type="checkbox"/>	MEDICAID		Unrestricted
<input type="checkbox"/>	MEDICARE		Unrestricted
<input type="checkbox"/>	State Children's Health Insurance Program		Unrestricted
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children		Unrestricted
<input type="checkbox"/>	Veteran's Administration Medical Services		Unrestricted
<input type="checkbox"/>	TANF Child Care Services		Unrestricted
<input type="checkbox"/>	TANF Transportation Services		Unrestricted
<input type="checkbox"/>	Other TANF-funded Services		Unrestricted
<input type="checkbox"/>	Section 8, Public Housing, or Other Rental Assistance		Unrestricted
<input type="checkbox"/>	Other Source		Unrestricted
<input type="checkbox"/>	Temporary rental assistance		Unrestricted
Count/Total:		1	\$376.00

Restriction: ☐ Restrict to Organization ☒ Unrestricted

Search Save Save and Close No Changes

Advanced Earned Income Tax Credit – Monthly payments provided to individual in advance in a tax refund,
 Food Stamps (Snaps) –
 Medicaid –
 Medicare –
 State Children’s Health Insurance Program (SCHIP) –
 Special Supplemental Nutrition Program for Women, Infants and Children (WIC) –
 TANF Child Care Services –
 TANF Transportation Services –
 Other TANF-funded Services –
 Section 8, Public Housing or Other Rental Assistance –
 Other Source –
 Temporary Rental Assistance -

Employment Assessment

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

CT ENTERPRISE

Home Clients Housing

Case Management HUD Program Intake Assessment

Joe Schmoie Birth Date: 12/16/1969 Gender: Male Client ID: 48

Employment Assessment

Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

Default Last Assessment

Assessment Active

Assessment Date: 02/12/2011

Employed: Yes

Hours Worked in Last Week: 15.00

Employment Tenure: Temporary

Looking for additional employment / increased hours: Yes

Restriction: ☐ Restrict to Organization ☒ Unrestricted

Save Pause

1:05 AM

Adult Education Assessment:

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

CT ENTERPRISE

Home Clients Housing

Case Management HUD Program Intake Assessment

Joe Schmoie Birth Date: 12/16/1969 Gender: Male Client ID: 48

Adult Education Assessment

Indicate if the client is enrolled in an education or training program or working toward a degree at the time of assessment. Indicate if the client has completed vocational training or received an apprenticeship. Select Highest Grade Completed. If the client has completed a high school diploma or above, select the secondary education degree(s) the client has earned.

Default Last Assessment

Assessment Active

Assessment Date: 02/12/2011

Currently in School / Working on Degree: No

Received Vocational Training/Apprenticeship: Yes

Highest Grade Completed: High school diploma

Secondary Education: ☒ Certificate of advanced training or skilled artisan

Restriction: ☐ Restrict to Organization ☒ Unrestricted

Save Pause

1:05 AM

Health Assessment:

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Assessment

Barriers / Special Needs

Domestic Violence

Income

Non-Cash Benefits

Employment

Education

Health

Self-Sufficiency Matrix

Client Dashboard

Edit Client

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Standard Intake

Demographics Report

Joe Schmoie Birth Date: 12/6/1969 Gender: Male Client ID: 48

Health Assessment

Select the appropriate general health status. If the client is female, you will need to select the appropriate pregnancy status. If the client is pregnant, you will need to record the due date.

Default Last Assessment

Assessment Active

Assessment Date: 02/12/2011

General Health Status: Good

Restrictions: Restrict to Organization Unrestricted

Save Pause

1:06 AM

Self Sufficiency Matrix:

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Assessment

Barriers / Special Needs

Domestic Violence

Income

Non-Cash Benefits

Employment

Education

Health

Self-Sufficiency Matrix

Client Dashboard

Edit Client

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Standard Intake

Demographics Report

Sue Schmoie

Self-Sufficiency Matrix

Rate the client's level of self-sufficiency at the assessment point-in-time on a scale of 1 to 5 in each domain below based on the descriptions provided. Select 6 if a domain is Not Applicable.

Default Last Assessment

Assessment Active

Assessment Date: 02/12/2011

Assessment Type: Entry

Comments:

Income:

- 1 - No Income
- 2 - Inadequate income and/or spontaneous or inappropriate spending
- 3 - Can meet basic needs with subsidy; appropriate spending
- 4 - Can meet basic needs and manage debt without assistance
- 5 - Income is sufficient, well managed; has discretionary income and is able to save
- 6 - Not Applicable

Employment:

- 1 - No Job
- 2 - Temporary, part-time or seasonal; inadequate pay; no benefits
- 3 - Employed full-time; inadequate pay; few or no benefits
- 4 - Employed full-time with adequate pay and benefits
- 5 - Maintains permanent employment with adequate income and benefits
- 6 - Not Applicable

Housing:

- 1 - Homeless or threatened with eviction
- 2 - In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable

Save No Changes

1:08 AM

Begin enrollment process for the child and/or other household members:

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Basic Client Information
Family Members
Program Enrollment
Assessment
Sue Schmoie
Enroll Family Member?

Client Dashboard
Edit Client
Family Members
Assessments
Enrollments
Services
Referrals
Case Notes
Standard Intake
Demographics Report

Joe Schmoie Birth Date: 12/6/1969 Gender: Male Client ID: 48

Enroll Family Member?

Do you wish to enroll Sue Schmoie into the program?

Yes

No

Case Management

Universal Data Assessment:

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A//ihcdaonline.com/20 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Case Management HUD Program Intake

Basic Client Information
Family Members
Program Enrollment
Assessment
Sue Schmoie
Enroll Family Member?
Assessment

Client Dashboard
Edit Client
Family Members
Assessments
Enrollments
Services
Referrals
Case Notes
Standard Intake
Demographics Report

Sue Schmoie Birth Date: 8/24/1997 Gender: Female Client ID: 49

Universal Data Assessment

Assessment Type: Entry
Program: HMIS-Program
Assessor: Test User1

Veteran Status: No
Disabling Condition: No

Prior Residence - Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Residence Prior to Program Entry: Place not meant for habitation
Length Of Stay: More than one week, but less than one month

Prior Zip Code - Enter the prior zip code of the apartment, room, or house where the client last lived for 90 days or more.

Prior Zip Code: 46140
City: Greenfield
State: IN

Housing Status - For each client, determine whether the client is: literally homeless; imminently losing their housing; unstably housed and at-risk of losing their housing; or in a stable housing situation.

Housing Status: Literally Homeless

Chronic Homelessness

Unaccompanied Individual: ☐
Continuously Homeless for a Year or More: ☐
4 episodes of homelessness in the past 3 years: ☐
Substance Use Disorder: ☐
Serious Mental Illness: ☐
Developmental Disability: ☐
Chronic Physical Illness or Disability: ☐

Save Pause

HMIS Barriers:

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A%2F%2Fihcdaonline.com%2F - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Home Clients Housing

Case Management HUD Program Intake

Barriers / Special Needs

Sue Schmoie Birth Date: 8/24/1997 Gender: Female Client ID: 49

Barriers

The selected clients barriers are displayed below. If the barrier has previously been identified, you can edit the barrier's information instead of adding another barrier of the same type.

Assessment Active

Screen: * HMIS Barriers

Barrier	Help	Barrier Present?	Date Identified	Receiving Services / Treatment	Condition is Indefinite	Explanation	Restriction
<input checked="" type="checkbox"/> Chronic Health Condition		No	02/13/2011				Restrict to Organization
<input checked="" type="checkbox"/> Alcohol Abuse		No	02/13/2011				Restrict to Organization
<input checked="" type="checkbox"/> Developmental Disability		No	02/13/2011				Restrict to Organization
<input checked="" type="checkbox"/> Drug Abuse		No	02/13/2011				Restrict to Organization
<input checked="" type="checkbox"/> HIV/AIDS		No	02/13/2011				Restrict to Organization
<input checked="" type="checkbox"/> Mental Health		No	02/13/2011				Restrict to Organization
<input checked="" type="checkbox"/> Physical Disability		No	02/13/2011				Restrict to Organization

7

Search Save Save & Close

Income/Financial Assessment - Remember this is the financial assessment for the second household member (and in this case, a child). Children are typically only going to have minimal options on this list such as SSI (death benefits). TANF, Food Stamps and Child Support remain as income for the parent/guardian – not the child.

https://ihcdaonline.com/?Inline=false&InitialPage=1&InitialContent=https%3A%2F%2Fihcdaonline.com%2F - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Home Clients Housing

Case Management HUD Program Intake

Barriers / Special Needs

Sue Schmoie Birth Date: 8/24/1997 Gender: Female Client ID: 49

Financial Assessment

Assessment Date: * 02/13/2011

Income Received: * Yes

Non-cash Benefits: * Yes

Total Expenses:

Income Group: Cash Income

15 records found.

Type	Description	Amount	Restriction
<input type="checkbox"/>	Earned Income		Unrestricted
<input type="checkbox"/>	Unemployment Insurance		Unrestricted
<input checked="" type="checkbox"/>	Supplemental Security Income Parent death benefits	\$450.00	Unrestricted
<input type="checkbox"/>	Social Security Disability Income		Unrestricted
<input type="checkbox"/>	Veteran's Disability Payment		Unrestricted
<input type="checkbox"/>	Private Disability Insurance		Unrestricted
<input type="checkbox"/>	Worker's Compensation		Unrestricted
<input type="checkbox"/>	TANF		Unrestricted
<input type="checkbox"/>	General Assistance		Unrestricted
<input type="checkbox"/>	Retirement (Social Security)		Unrestricted
<input type="checkbox"/>	Veteran's Pension		Unrestricted
<input type="checkbox"/>	Other Pension		Unrestricted
<input type="checkbox"/>	Child Support		Unrestricted
Count/Total:		1	\$450.00

Search Save Save & Close

Income/Financial Assessment Non-Cash Benefits - specific to individual – not the household. An Income Assessment will be completed for each household member. Again, there are limited selections that will pertain to children (Medicaid, SCHIP).

The screenshot shows the 'Financial Assessment' form for Sue Schmoie. The form includes fields for 'Assessment Date' (02/13/2011), 'Income Received' (Yes), and 'Non-cash Benefits' (Yes). It also shows 'Total Expenses' (\$0.00) and 'Income Group' (Non-cash Benefit). A table lists 13 records found, including 'Advanced Earned Income Tax Credit', 'Food Stamps/Money for food on benefits card', 'MEDICAID', 'MEDICARE', 'State Children's Health Insurance Program', 'Special Supplemental Nutrition Program for Women, Infants, and Children', 'Veteran's Administration Medical Services', 'TANF Child Care Services', 'TANF Transportation Services', 'Other TANF-funded Services', 'Section 8, Public Housing, or Other Rental Assistance', 'Other Source', and 'Temporary rental assistance'. The table has columns for Type, Description, Amount, and Restriction. The 'MEDICAID' row is highlighted with a yellow background and shows an amount of \$0.00. The bottom of the form has buttons for 'Search', 'Save', and 'Save and Close'.

Type	Description	Amount	Restriction
	Advanced Earned Income Tax Credit		Unrestricted
	Food Stamps/Money for food on benefits card		Unrestricted
	MEDICAID	\$0.00	Unrestricted
	MEDICARE		Unrestricted
	State Children's Health Insurance Program		Unrestricted
	Special Supplemental Nutrition Program for Women, Infants, and Children		Unrestricted
	Veteran's Administration Medical Services		Unrestricted
	TANF Child Care Services		Unrestricted
	TANF Transportation Services		Unrestricted
	Other TANF-funded Services		Unrestricted
	Section 8, Public Housing, or Other Rental Assistance		Unrestricted
	Other Source		Unrestricted
	Temporary rental assistance		Unrestricted
Count/Total:		1	\$0.00

Child Education Assessment:

The screenshot shows the 'Child Education Assessment' form for Sue Schmoie. The form includes a text area for instructions: 'Indicate if the child is currently enrolled in school at the time of assessment. If the child is enrolled, select the type of school and enter the school name. If the child is not enrolled, enter date of last enrollment and reasons why the child is not enrolled. Enter any additional comments.' Below this, there are fields for 'Assessment Date' (02/13/2011), 'Highest Grade Completed' (5th Grade or 6th Grade), and 'Current Enrollment Status' (Yes). There are also radio buttons for 'No', 'Don't Know', and 'Refused'. The 'Type of Schools' is set to 'Public School', and the 'School Name' is 'GJHS'. The 'Connected with McKinney-Vento School Liaison?' is set to 'Don't Know'. There is a 'Comments' text area and a 'Restriction' section with radio buttons for 'Restrict to Organization' and 'Unrestricted'. The bottom of the form has buttons for 'Save' and 'Pause'.

Head Start Child Medical Assessment:

The screenshot shows the 'Head Start Child Medical Assessment' form for Sue Schmoe (Client ID: 49, Birth Date: 8/24/1997, Gender: Female). The form is titled 'Add data for the child's medical history below.' and includes sections for 'Assessment Active', 'Health Care Access', and 'Immunization Services'. The 'Assessment Active' section has 'Assessment Date' set to 02/13/2014 and 'Disabling Conditions' set to No. The 'Health Care Access' section has 'Health Insurance' set to Yes, 'Health care source is continuous and accessible' set to Yes, 'Indian Health Services provide Medical Services' set to No, 'Medical Service at Migrant Community Health Center' set to No, and 'Up-to-Date for preventive and primary health care' set to Yes. The 'Immunization Services' section has 'Up-to-Date on all immunizations appropriate for age' set to Yes, 'All immunizations possible, not all for age' set to Don't Know, and 'Restriction' set to Unrestricted. The form is displayed in a web browser window with the URL https://ihcdaonline.com/20 and the title 'Head Start Child Medical Assessment'.

Case Management HUD Program Intake Assessment Barriers / Special Needs Domestic Violence Income Non-Cash Benefits Child Education Child Health Self-Sufficiency Matrix Client Dashboard Edit Client Family Members Assessments Enrollments Services Referrals Case Notes Standard Intake Demographics Report

Head Start Child Medical Assessment

Add data for the child's medical history below.

Assessment Active

Assessment Date: 02/13/2014 Disabling Conditions: No

Health Care Access

Health Insurance: Yes Health care source is continuous and accessible: Yes Indian Health Services provide Medical Services: No Medical Service at Migrant Community Health Center: No Up-to-Date for preventive and primary health care: Yes

Immunization Services

Up-to-Date on all immunizations appropriate for age: Yes All immunizations possible, not all for age: Don't Know Restriction: Restrict to Organization Unrestricted

Save Pause

All steps for the assessment and enrollment process have been completed.

The screenshot shows the 'Head Start Child Medical Assessment' form for Joe Schmoe (Client ID: 48, Birth Date: 12/6/1969, Gender: Male). The form is titled 'All required steps have been completed.' and includes a 'Finish' button. The form is displayed in a web browser window with the URL https://ihcdaonline.com/20 and the title 'Head Start Child Medical Assessment'.

Case Management HUD Program Intake Basic Client Information Family Members Program Enrollment Assessment Sue Schmoe Client Dashboard Edit Client Family Members Assessments Enrollments Services Referrals Case Notes Standard Intake Demographics Report

Head Start Child Medical Assessment

All required steps have been completed.

Finish

Upon clicking the "Finish" button, you will be redirected to the Dashboard for the Head of Household. It is from this screen you will begin to add services and case notes regarding the HMIS Program Enrollment.

The screenshot shows the CT ENTERPRISE Client Dashboard for Joe Schmoe. The interface includes a left sidebar with navigation options like 'Find Client', 'HMIS Intake Workflow', and 'Client Dashboard'. The main content area displays 'Joe Schmoe's Dashboard' with a summary of client information, a photo, and a table of enrollments.

Joe Schmoe's Information

Name: Schmoe, Joe	Birth Date: 12/6/1969	Age: 41
Gender: Male	Disabling Condition: Yes	Veteran: Yes
Ethnicity: Non-Hispanic/Latino	Race: White	

Joe's Enrollments

Enrollment Description	Case Members	Enroll Date	Exit Date	Organization	Last Assessment Completed
Test HMIS Grant - HMIS-Program	2	02/12/2011		Test HMIS Organization 1	02/12/2011

Joe's Services

Date	Service	Units	\$ Total	Organization

The Client Dashboard provides you with a great deal of information regarding the client. You can verify the basic client demographics, see the enrollment in a particular program, number of case members, enrollment date, the associated organization and when their last Assessment has been completed. It will also provide you with an “at a glance” look at the most services the client has received.

While you will have the option on many screens for a “Don’t Know or Refused” option – which may be valid at time of intake – it is expected that as information is collected during the program enrollment the client information/assessments will be updated. The screen shots that follow will help you access a previously completed assessment should you need to make corrections.

Click on the Enrollment menu item on the left. Choose the enrollment that needs to be edited and click on the blue circle to produce a drop down menu. You can either edit the enrollment (maybe the date needs to be changed), View Case Members associated with the enrollment, Review Entry Assessments or Review Exit Assessments. Do not use this screen to perform and Annual Assessment or Exit the Enrollment – These actions should ONLY be performed by using a workflow.

https://ihcdaonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Home Clients Housing

Case Management

Find Client
HMIS Intake Workflow
HMIS Annual Assessment
HMIS Exit
Client Dashboard
Edit Client
Family Members
Assessments
Enrollments
Services
Quick Services
Referrals
Case Notes
Standard Intake
Demographics Report

Joe Schmoe Birth Date: 12/16/1969 Gender: Male Client ID: 48

Enrollments

All of client's enrollments display below. An enrollment represents a defined period of participation in a grant and/or program. From here, you can enroll a client in a program, exit them from an existing program or perform annual assessment updates.

Add New

1 record found.

Enrollment Description	Case Members	Enroll Date	Exit Date	Organization	Last Assessment Completed
Test HMIS Grant - HMIS-Program	2	02/12/2011		Test HMIS Organization 1	02/13/2011

Edit Enrollment
View Case Members
Review Entry Assessments
Perform Annual Assessment
Exit the Enrollment

Case Management

2:49 PM

https://ihcdaonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training)

Settings Help Sign Out CT2010

Home Clients Housing

Case Management

Find Client
HMIS Intake Workflow
HMIS Annual Assessment
HMIS Exit
Client Dashboard
Edit Client
Family Members
Assessments
Enrollments
Services
Quick Services
Referrals
Case Notes
Standard Intake
Demographics Report

Joe Schmoe Birth Date: 12/16/1969 Gender: Male Client ID: 48

Assessment Status

Displayed below is the status of the Assessment.

Edit Assessment

Assessment	Finished
HMIS Universal Data	✓
Chronic Homelessness	✓
HMIS Barriers	✓
Domestic Violence	✓
Financial	✓
Employment	✓
Adult Education	✓
Child Education	✓
Health	✓
Veteran Details	✓

Case Management

2:52 PM

As you can see when you select "Review Entry Assessments", all required assessment have been completed. For instance, if a client does not disclose at entry they are receiving food stamps but you find out soon after their enrollment, you would want to EDIT the Financial Assessment. However, if the client BEGINS receiving food stamps while enrolled in your program (1-2 months later); do NOT edit the entry assessment. This is a time to complete an Annual Assessment (even though it may not be a true annual assessment).

Adding Services – You will have the ability to add services during the workflow/enrollment process and again at any point during the client's enrollment. You will have the option to Add Quick Services (for use when you are adding multiple services for a client that were performed on the same day). For services that may require some additional information, use the Add New button.

MISSING SCREEN SHOT FOR SERVICES

Case Notes

Timely and robust case notes assist you and other case managers at your organization in serving your clients. It is extremely important that meetings, calls and other relevant information regarding your client is properly documented in their case notes. In order to add case notes, click on the Case Notes Menu Item on the left of the screen. Click on the Add New button on the upper right hand side of the screen. Remember, these case notes will be restricted to case managers in your organization so if you are apt to use abbreviations, make sure others in your agency will be able to decipher what you have written. While ClientTrack will eventually provide a date in the body of the case note, it is also good practice to add the date in your case note.

Here is an example:

The screenshot displays the ClientTrack 2010 SP1 web application interface. The top navigation bar includes 'Home', 'Clients', and 'Housing'. The left sidebar lists various functions under 'Case Management', with 'Case Notes' highlighted. The main content area is titled 'Client Case Notes' and shows a form for adding a new case note for 'Joe Schmoe'. The form includes fields for 'Entry Date' (02/12/2011), 'Case Manager' (Test User1), 'Regarding' (Client Enrollment), and 'Note Type' (Other). Below these fields is a rich text editor with a toolbar and a text area containing a detailed case note. The note describes a meeting with the client and daughter, their financial situation, and planned actions for employment, counseling, and documentation. At the bottom, there are checkboxes for 'Read Only' and 'Restriction' (set to 'Restrict to Organization').

Entry Date: 02/12/2011
Case Manager: Test User1
Regarding: Client Enrollment
Note Type: Other

Template: Option not in the list

Case Note
2/12/11

Client Name: Joe Schmoe

Met with CI and daughter. Completed CI interview and CM enrolled both members in program. Family has been impacted by the loss of wife/mother. Deceased was primary bread winner therefore leaving the family with minimal income, however, they have just started receiving death benefits from SSI and food stamps. Family has been evicted from apartment and will reside in shelter. CI is expressing signs of depression and will refer him for mental health services. Daughter has remained in school and appears to be performing well despite family issues. Father/daughter have become disconnected from other family members.

CI will work with job coach on applying for full-time employment
CI will meet with counselor regarding depression
CI and CM will begin process of getting a copy of daughters birth certificate, social security card and immunization record

CM will maintain frequent contact with family and begin pursuing options for enrollment in HPRP. This is the first incident of homelessness and they are good candidates for the rapid re-housing program.

Read Only: ☐
Restriction: ☒ Restrict to Organization ☐ Unrestricted

Annual Assessment – For clients that spend longer periods of time in your program, you now have access to an “Annual Assessment”. This assessment is now required if you have clients in your program for a year or longer. You may also want to complete this assessment if you have a new member (birth of a child) to the household or if someone in the household departs (divorce) your program. You can also use this workflow to track and maintain significant changes to a household income, etc. For your convenience, the assessment has been developed as a workflow with the following steps:

1. Verify and make any necessary changes to basic client information
2. Verify and make any necessary changes to family information
3. Master Assessment – During Program Enrollment is completed
 - a. Review of HMIS Barriers
 - b. Income (Cash and Non-Cash)
 - c. Employment

- d. Self-Sufficiency Matrix
 - e. Loop through household members
 - f. Review of HMIS Barriers
 - g. Income (Cash and Non-Cash)
 - h. Education
4. Click Finish and you will be redirected to the Client Dashboard

Exit Client from a HUD Program (non-HPRP)

Once a client has completed or otherwise left your program, you will need to complete an HMIS Exit Assessment on all household members. Begin by clicking on the HMIS Exit Workflow in the upper left hand side of the screen. When you get to this screen, click on the manila folder icon next to the enrollment. This will start the process.

The screenshot shows the CT ENTERPRISE ClientTrack 2010 SP1 web application. The user is logged in as 'Test User1 (Training)'. The main navigation menu on the left includes 'Case Management', 'Find Client', 'HMIS Intake Workflow', 'HMIS Annual Assessment', 'HMIS Exit', 'Client Dashboard', 'Edit Client', 'Family Members', 'Assessments', 'Enrollments', 'Services', 'Quick Services', 'Referrals', 'Case Notes', 'Standard Intake', and 'Demographics Report'. The 'Enrollments' section is active, displaying a table with one record found.

Enrollment Description	Case Members	Enroll Date	Exit Date	Organization	Last Assessment Completed
Test HMIS Grant - HMIS-Program	2	02/12/2011		Test HMIS Organization 1	02/13/2011

The interface also includes a sidebar with a graduation cap icon and a bottom status bar showing the time as 3:12 PM.

Complete the questions. Click Save.

https://hcdonline.com/?Online=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Case Management HUD Program Exit

Test HMIS Grant - HMIS-Program Enrollment Exit

To exit the client from the Enrollment, enter the Exit Date and Destination.

Exit Date: 02/13/2011

Destination: Staying or living with family, temporary tenure (e.g., room, apartment or house)

Exit Reason: Left for a housing opportunity before completing program

Case Manager Assignment: Test User1

End Case Assignment:

Save

HMIS Barriers:

https://hcdonline.com/?Online=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Case Management HUD Program Exit

Barriers

The selected clients barriers are displayed below. If the barrier has previously been identified, you can edit the barrier's information instead of adding another barrier of the same type.

Assessment Active

Screen: HMIS Barriers

Barrier	Help	Barrier Present?	Date Identified	Receiving Services / Treatment	Condition is Indefinite	Explanation	Restriction
Chronic Health Condition		--SELECT--					Restrict to Organization
Alcohol Abuse		--SELECT--					Restrict to Organization
Developmental Disability		--SELECT--					Restrict to Organization
Drug Abuse		--SELECT--					Restrict to Organization
HIV/AIDS		Yes	02/13/2011	Yes			Restrict to Organization
Mental Health		Yes	02/13/2011	Yes	No	Depression	Restrict to Organization
Physical Disability		--SELECT--					Restrict to Organization

2

Search Save Save & Close

Income/Financial Assessment (Cash and non-Cash):

https://hcdonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Home Clients Housing

Case Management Joe Schmo Birth Date: 12/6/1969 Gender: Male Client ID: 48

HUD Program Exit

- Exit Enrollment
- Exit Assessments
- Barriers / Special Needs
- Income
- Non-Cash Benefits
- Employment
- Education
- Health

Client Dashboard

- Edit Client
- Family Members
- Assessments
- Enrollments
- Services
- Quick Services
- Referrals
- Case Notes
- Standard Intake
- Demographics Report

Financial Assessment

Total Expenses: 30.00
Income Group: Cash Income

15 records found.

Type	Description	Amount	Restriction
<input checked="" type="checkbox"/>	Earned Income	\$1,200.00	Unrestricted
<input type="checkbox"/>	Unemployment Insurance		Unrestricted
<input type="checkbox"/>	Supplemental Security Income		Unrestricted
<input type="checkbox"/>	Social Security Disability Income		Unrestricted
<input type="checkbox"/>	Veteran's Disability Payment		Unrestricted
<input type="checkbox"/>	Private Disability Insurance		Unrestricted
<input type="checkbox"/>	Worker's Compensation		Unrestricted
<input type="checkbox"/>	TANF		Unrestricted
<input type="checkbox"/>	General Assistance		Unrestricted
<input type="checkbox"/>	Retirement (Social Security)		Unrestricted
<input type="checkbox"/>	Veteran's Pension		Unrestricted
<input type="checkbox"/>	Other Pension		Unrestricted
<input type="checkbox"/>	Child Support		Unrestricted
<input type="checkbox"/>	Alimony		Unrestricted
<input type="checkbox"/>	Other Income		Unrestricted
Count/Total:		1	\$1,200.00

Search Save Save and Close No Changes

3:19 PM

https://hcdonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Home Clients Housing

Case Management Joe Schmo Birth Date: 12/6/1969 Gender: Male Client ID: 48

HUD Program Exit

- Exit Enrollment
- Exit Assessments
- Barriers / Special Needs
- Income
- Non-Cash Benefits
- Employment
- Education
- Health

Client Dashboard

- Edit Client
- Family Members
- Assessments
- Enrollments
- Services
- Quick Services
- Referrals
- Case Notes
- Standard Intake
- Demographics Report

Financial Assessment

Total Expenses: \$0.00
Income Group: Non-cash Benefit

13 records found.

Type	Description	Amount	Restriction
<input type="checkbox"/>	Advanced Earned Income Tax Credit		Unrestricted
<input checked="" type="checkbox"/>	Food Stamps/Money for food on benefits card	\$367.00	Unrestricted
<input type="checkbox"/>	MEDICAID		Unrestricted
<input type="checkbox"/>	MEDICARE		Unrestricted
<input type="checkbox"/>	State Children's Health Insurance Program		Unrestricted
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children		Unrestricted
<input type="checkbox"/>	Veteran's Administration Medical Services		Unrestricted
<input type="checkbox"/>	TANF Child Care Services		Unrestricted
<input type="checkbox"/>	TANF Transportation Services		Unrestricted
<input type="checkbox"/>	Other TANF-funded Services		Unrestricted
<input type="checkbox"/>	Section 8, Public Housing, or Other Rental Assistance		Unrestricted
<input checked="" type="checkbox"/>	Other Source	Healthy Indiana Plan	\$0.00
<input type="checkbox"/>	Temporary rental assistance		Unrestricted
Count/Total:		2	\$367.00

Restriction: ☐ Restrict to Organization ☒ Unrestricted

Search Save Save and Close No Changes

3:19 PM

Employment Assessment:

https://ihcdaonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Case Management HUD Program Exit Exit Enrollment Barriers / Special Needs Income Non-Cash Benefits Employment Education Health Client Dashboard Edit Client Family Members Assessments Enrollments Services Quick Services Referrals Case Notes Standard Intake Demographics Report

Joe Schmoie Birth Date: 12/6/1969 Gender: Male Client ID: 48

Employment Assessment

Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

Default Last Assessment

Assessment Active

Assessment Date: 02/13/2011
Employed: Yes
Hours Worked In Last Week: 35.00
Employment Tenure: Permanent
Looking for additional employment / increased hours: Yes
Restriction: ☐ Restrict to Organization ☒ Unrestricted

Save Pause 3:17 PM

Education Assessment:

https://ihcdaonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Case Management HUD Program Exit Exit Enrollment Barriers / Special Needs Income Non-Cash Benefits Employment Education Health Self Sufficiency Matrix Client Dashboard Edit Client Family Members Assessments Enrollments Services Quick Services Referrals Case Notes Standard Intake Demographics Report

Joe Schmoie Birth Date: 12/6/1969 Gender: Male Client ID: 48

Adult Education Assessment

Indicate if the client is enrolled in an education or training program or working toward a degree at the time of assessment. Indicate if the client has completed vocational training or received an apprenticeship. Select Highest Grade Completed. If the client has completed a high school diploma or above, select the secondary education degree(s) the client has earned.

Default Last Assessment

Assessment Active

Assessment Date: 02/13/2011
Currently in School / Working on Degree: No
Received Vocational Training/Apprenticeship: No
Highest Grade Completed: High school diploma
Secondary Education: ☒ None ☐ Associates Degree ☐ Bachelors ☐ Masters ☐ Doctorate
Restriction: ☐ Restrict to Organization ☒ Unrestricted

Save No Changes 3:21 PM

Health Assessment:

https://hcdonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Home Clients Housing

Case Management

HUD Program Exit
Exit Enrollment
Exit Assessments
Barriers / Special Needs
Income
Non-Cash Benefits
Employment
Education
Health
Self Sufficiency Matrix

Client Dashboard
Edit Client
Family Members
Assessments
Enrollments
Services
Quick Services
Referrals
Case Notes
Standard Intake
Demographics Report

Joe Schmoe Birth Date: 12/6/1969 Gender: Male Client ID: 48

Health Assessment

Select the appropriate general health status. If the client is female, you will need to select the appropriate pregnancy status. If the client is pregnant, you will need to record the due date.

Default Last Assessment

Assessment Active

Assessment Date: 02/13/2011
General Health Status: Good
Restriction: ☐ Restrict to Organization ☒ Unrestricted

Save Pause

3:22 PM

Self-Sufficiency Matrix:

https://hcdonline.com/?Inline=false - Indiana United Way Train - ClientTrack 2010 SP1 - Windows Internet Explorer

Welcome Test User1 (Training) Settings Help Sign Out CT2010

Home Clients Housing

Case Management

HUD Program Exit
Exit Enrollment
Exit Assessments
Barriers / Special Needs
Income
Non-Cash Benefits
Employment
Education
Health
Self Sufficiency Matrix

Client Dashboard
Edit Client
Family Members
Assessments
Enrollments
Services
Quick Services
Referrals
Case Notes
Standard Intake
Demographics Report

Joe Schmoe Birth Date: 12/6/1969 Gender: Male Client ID: 48

Self-Sufficiency Matrix

Rate the client's level of self-sufficiency at the assessment point-in-time on a scale of 1 to 5 in each domain below based on the descriptions provided. Select 6 if a domain is Not Applicable.

Default Last Assessment

Assessment Active

Assessment Date: 02/13/2011
Assessment Type: Exit
Comments:

Income: ☐ 1 - No Income
☐ 2 - Inadequate income and/or spontaneous or inappropriate spending
☐ 3 - Can meet basic needs with subsidy; appropriate spending
☐ 4 - Can meet basic needs and manage debt without assistance
☐ 5 - Income is sufficient, well managed; has discretionary income and is able to save
☐ 6 - Not Applicable

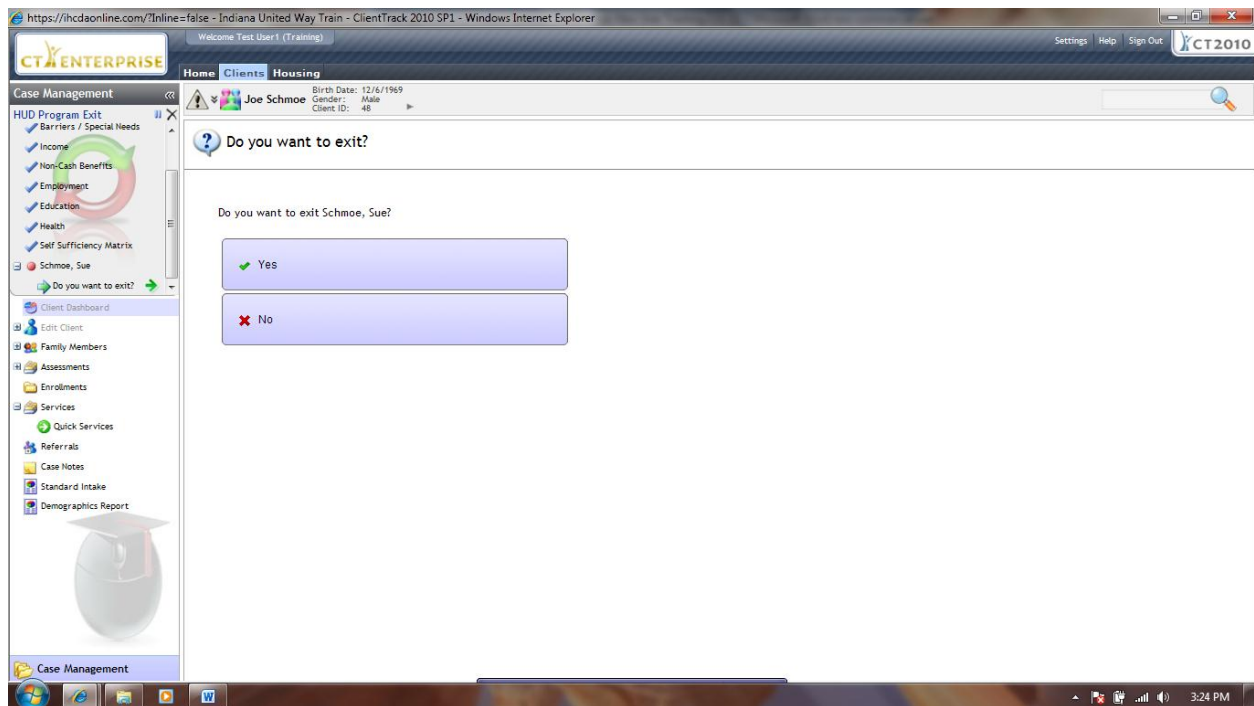
Employment: ☐ 1 - No Job
☐ 2 - Temporary, part-time or seasonal; inadequate pay; no benefits
☐ 3 - Employed full-time; inadequate pay; few or no benefits
☐ 4 - Employed full-time with adequate pay and benefits
☐ 5 - Maintains permanent employment with adequate income and benefits
☐ 6 - Not Applicable

Housing: ☐ 1 - Homeless or threatened with eviction
☐ 2 - In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable

Save Pause

3:22 PM

Exit other Household Members:



Follow the steps in the workflow until you get to the Finish Button.